

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

**FILED**

APR 18 2022

**UNITED STATES DISTRICT COURT**

for the

Western District of Texas

Waco DivisionCLERK U S DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY  
DEPUTY CLERK

Michael Lynn Sparks

Case No.

6:22cv392

(to be filled in by the Clerk's Office)

v

Jury Trial: (check one) ☐ Yes ☒ NoClaudi I Torres  
CR Damall Army Medical Center, Dept of the Army**COMPLAINT FOR A CIVIL CASE****I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Michael Lynn Sparks</u>
Street Address	<u>101 W Central Texas Expressway, 1506</u>
City and County	<u>Killeen, Bell County</u>
State and Zip Code	<u>Texas 76541</u>
Telephone Number	<u>254 290-4686</u>
E-mail Address	<u>michael.l.sparks1.civ@mail.mil</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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## Defendant No. 1

Name	Claudia I Torres
Job or Title <i>(if known)</i>	Major
Street Address	36065 Santa Fe Avenue
City and County	Fort Hood (Bell)
State and Zip Code	Texas 76544
Telephone Number	254 288-8001
E-mail Address <i>(if known)</i>	claudia.i.torres2.mil@mail.mil

## Defendant No. 2

Name	Carl R. Damall Army Medical Center
Job or Title <i>(if known)</i>	36065 Santa Fe Avenue
Street Address	Fort Hood (Bell)
City and County	Texas 76544
State and Zip Code	254 288-8001
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 3

Name	Department of the Army
Job or Title <i>(if known)</i>	36065 Santa Fe Avenue
Street Address	Fort Hood (Bell)
City and County	Texas 76544
State and Zip Code	254 288-8001
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

1st Amendment of the US Constitution, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances." Applicable federal statute: Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_. Or is a citizen of *(foreign nation)* \_\_\_\_\_.

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b. If the defendant is a corporation

The defendant, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

Or is incorporated under the laws of *(foreign nation)* \_\_\_\_\_, and has its principal place of business in *(name)* \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

\_\_\_\_\_

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I am a federal civilian employee. My private correspondence, emails and letters were used as the basis for a "no contact order" issued 15 November 2021 by an officer of the Department of the Army (the Agency). In the "no contact order," I was prohibited by the Agency from corresponding, in any way, with specified individual(s), or risk being terminated. I have been sanctioned for private communications, i.e. emails, and letters, past present, and future. The use of my private correspondence as the basis for investigations, censorship, and disciplinary action is a violation of my constitutional right to free speech.

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### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I would like my freedom of speech restored, the no contact order rescinded and all correspondence/information connected to any investigations be removed from all sources, including my personnel file. I would like compensatory or punitive damages as awarded by the court.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 04/18/2022

Signature of Plaintiff

Printed Name of Plaintiff

Michael Lynn Sparks

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address